

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|----------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 6 | 2-3-01 |
| FORMALITY REVIEW | MM | Jc 4/920 | 02-16-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 6/19/01 |
| 2 | 12/11/01 |
| 3 | 5/11/02 |
| 4 | 10/30/02 |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

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